

Kansas Department of Agriculture
Records Center – Food Safety
109 SW 9th Street
Topeka KS 66612
785-296-2263 Fax (785)296-0673

Licensed Egg Distributor or Last Handler of Eggs

Business Name: _____

Address: _____

In order to keep our records current, as a licensed egg distributor or last handler of eggs with this department, please indicate below all facilities that you distribute eggs to. If you distribute to more than one facility, please list all. Please return this form with the enclosed registration. Thank you for your cooperation.

Please check all categories that apply:

Facility Name	Address	Distributor	Last Handler
		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Signature